MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		4				
6	1					
7		1				
8		1				
9		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	19					
TOTAL CLAIMS	14					

CLAIMS		IND	DEP	IND	DEP	IND	DEP
51							
52							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							